2023 HOLLYWOOD IOWA TESTING REGISTRATION FORM

\*Please print this page and fill one out for **each** student taking the IOWA. \*Please make your check payable to Christine D. McClain and mail check and registration to 300 N. 72nd Ave, Hollywood, FL 33024. The charge is $55 per child, per test. Early Bird price is $50, if paid by April 1, 2023. If you want an evaluation letter it is an additional $5.

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level to be tested in \_\_\_\_\_\_\_\_ Child’s Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Testing Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IOWA testing is for 3rd – 12th grade. Dates (circle one set of dates) are: May 9 & 10, 2023 or June 13 & 14, 2023 (9AM-1PM) at Hollywood Hills Alliance Church (1600 N 46th Ave, Hollywood, FL 33021))

Parents’ Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned parent or guardian of the above child releases the Hollywood Hills Alliance Church, its representatives and officers and assignees, as well as Christine D. McClain for any and all injuries suffered or sustained at any time your child is on the premises of Hollywood Hills Alliance Church for the purpose of IOWA Testing.

The undersigned parent or guardian of the above child understands the Hollywood Hills Alliance Church, and/or Christine D. McClain are not responsible for medical expenses incurred as a result of an injury to your child while your child is using the facilities of Hollywood Hills Alliance Church for IOWA Testing.

I have signed this document in further consideration of the acceptance of my child as a participant in the IOWA Testing. I hereby, voluntarily assume any and all risk, including injury to my person or the person of the child for whom I sign as parent or guardian, and/or loss of property to said person or persons which may be caused as a result of my or his/her presence at, or participation in IOWA Testing.

I hereby, for myself, and as parent or guardian for my child, our heirs and personal representatives waive and release any and all rights and claims we may have with the Hollywood Hills Alliance Church, and/or Christine D. McClain, its officers and representatives, and assignees for any and all injuries suffered by me or any person for whom I have signed as parent or guardian in connection with any participation in any IOWA Testing at Hollywood Hills Alliance Church.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent or Legal Guardian Signature Date

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